

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>janie</i>	1111	10-08-01
<b>O.I.P.E. CLASSIFIER</b>			1111-1
<b>FORMALITY REVIEW</b>	812	1113	11/30/01
<b>RESPONSE FORMALITY REVIEW</b>	TA	1113	03-07-02

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	3
2	✓
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19	✓
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25	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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